



## The City of Lynchburg, Virginia

Lynchburg Fire Department - Emergency Medical Services Business Office  
P O Box 799, Lynchburg, VA 24505 - Phone: 434/847-1319 Fax: 434/847-1742

Run Number(s) \_\_\_\_\_

### DOCTOR-S STATEMENT OF MEDICAL NECESSITY

This form must be completed by the attending physician and returned to our office to insure prompt insurance claim filing for non-emergency medical transports.

In my opinion it was medically necessary that \_\_\_\_\_  
Patient's name Patient's date of birth

be transported by ambulance from \_\_\_\_\_  
Patient's location

to \_\_\_\_\_ on \_\_\_\_\_  
Patient's destination Date or dates, if for repetitive transports (60 day maximum)

Transportation by other means would have been medically contraindicated.

***Please provide information regarding the patient's medical history and condition at the time of ambulance transport that will assist in the processing of insurance claims.***

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ MD

\_\_\_\_\_  
Print Doctors Name

Date \_\_\_\_\_

Please forward the completed form to:

Lynchburg Fire Department Ambulance Service  
P O Box 799  
Lynchburg, VA 24505  
(FAX: 434/847-1742)